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PTO/SB/21 (08-00)

Applicati n Numb r	09/886,349	RECEIVED
Filing Dat	June 20, 2001	
First Nam d Inv nt r	Skeiky, Yasir	AUG 1 6 2002
Group Art Unit	Unassigned	OFFICE OF PETITIONS
Examiner Name	Unassigned	

(to be used for all correspondence after initial filing)		Group Art Unit	Unassigned	OFFICE OF PE		
		Examiner Name	Unassigned			
otal Number of Pages in This Submission 21		Attorney Docket Number	014058-009070US)		
	ENCL	OSURES (check all that apply)				
Fee Transmittal Form		ment Papers Application)	After Allowance Communication to Group			
Fee Attached	☐ Drawin	g(s)	Appeal Communication to Board of Appeals and Interferences			
Amendment / Response	Licensing-related Papers		Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)			
After Final		n Routing Slip (PTO/SB/69) ccompanying Petition	Proprietary Information			
Affidavits/declaration(s)		n to Convert to a ional Application	Status Letter			
Extension of Time Request		of Attorney, Revocation e of Correspondence Address	Other Enclosure(s) (please identify below):			
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Firm Townsend and Tow						
and Annette S. Parent	Annette S. Parent Reg. No. 42,058					
Signature (mil	the	Parent				
Date August 7, 2002		,	·			
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SF 1373441 v1

PTO/SB/17 (11-01)
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FEE TO ANOMITTAL		Complete if Known						
FEE TRANSMITTAL		Application Number 09		09/88	6,349			
for FY 2002		Filing Date		June 20, 2001 RECE		RECEIV	'ED	
Patent fees are subject to annual revision.	First Named Inventor		Skeik	Skeikv. Yasir		002		
Applicant claims small entity status. See 37 CFR 1.27	Examiner Name		Unas	nassigned AUG 1 6 2		UUZ		
	Group	Art Unit		Unas	signed (DEFICE OF PETI	TIONS	
TOTAL AMOUNT OF PAYMENT (\$) 1450	Attorne	Attorney Docket No. 014058-009070US						
METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)							
Check Credit Card MoneyOrder Other None	3. ADDITIONAL FEES							
Deposit Account:	Large	Entity	•	Entity			_	
Deposit	Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee De	escription	Fee Paid	
Account 20-1430	105	130	205	65	Surcharge - late f	iling fee or oath	130	
Number		50	227	25	Surcharge - late por cover sheet.	provisional filing fee		
Deposit Account Townsend and Townsend and Crew LLP	139	130	139	130	Non-English spec	ification		
Name	147	2,520	147	2,520		st for reexamination		
ne Commissioner is authorized to: (check all that apply) Charge fee(s) indicated below Credit any overpayments	112	920*	112	920*	Examiner action	cation of SIR prior to		
Charge any additional fee(s) during the pendency of this application	113	1,840*	113	1,840*	Requesting public Examiner action	cation of SIR after		
Charge fee(s) indicated below, except for the filing fee	115	110	215	55	Extension for repl	y within first month		
the above-identified deposit account.	116	400	216	200	Extension for repl	y within second		
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arge Entity Small Entity	118	1,440	210	720	Extension for repl month	y within fourth		
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ode (\$) Code (\$) Fee Paid	119	320	219	160	Notice of Appeal			
01 740 201 370 Utility filing fee	120	320	220	160	Filing a brief in su	pport of an appeal		
06 330 206 165 Design filing fee	121	280	221	140	Request for oral h	earing		
07 510 207 255 Plant filing fee	138	1,510	138	1,510	Petition to institute proceeding	e a public use		
08 740 208 370 Reissue filing fee	140	110	240	55	Petition to revive	- unavoidable		
14 100 214 00 1 104/3/0/Bi Ming 100	141	1,280	241	640	Petition to revive		1280	
SUBTOTAL (1) (\$)	142	1,280	242	640	Utility issue fee (c			
EXTRA CLAIM FEES FOR UTILITY AND REISSUE	143	460	243	230	Design issue fee	ŕ		
	144	620	244	310	Plant issue fee			
Fees from Extra Claims below Fee Paid	122	130	122	130	Petitions to the Co	ommissioner		
otal Claims -20** = -20**	123	50	123	50	Petitions related t applications	o provisional		
dependent aims -3** =	126	180	126	180	Submission of Inf Stmt	ormation Disclosure		
ultiple ependent	581	40	581	40	Recording each p per property (time properties)		40	
arge Entity Small Entity	146	740	246	370		on after final rejection		
ee Fee Fee Fee Fee See See See See See S	149	740	249	370	For each addition examined (37 CF	al invention to be		
03 18 203 9 Claims in excess of 20 2 84 202 42 Independent claims in excess of 3	179	740	279	370	Request for Conti	inued Examination		
04 280 204 140 Multiple dependent claim, if not paid	160	900	160	900	(RCE)	dited examination	\vdash	
9 84 209 42 ** Reissue independent claims over original patent		169 900 169 900			Request for expedited examination of a design application			
10 18 210 9 ** Reissue claims in excess of 20 and over original patent	Other fee (specify)							
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or number previously paid, if greater; For Reissues, see above	<u></u>					L		
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Name (Print/Type) Annette_S. Parent Registration No. (Attorne) 42	,058		Telephone	415-576-0200		
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